

Via Facsimile No. (571) 273-8300

OCT 27 2006

PATENT
DON01 P-1149IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group : 2878
Examiner : Brian J. Livedalen
Applicants : Brent J. Bos, Kenneth Schofield, Mark L. Larson and Niall R. Lynam
Serial No. : 10/823,323
Filed : April 13, 2004
Entitled : CONTROL SYSTEM INCLUDING AN IMAGING SENSOR

Mail Stop AF
Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Via Facsimile (571) 273-8300

Dear Sir:

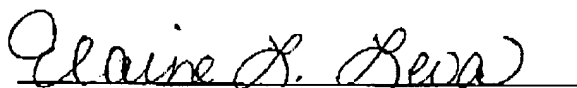
CERTIFICATE OF FACSIMILE TRANSMISSION

I certify that the following papers are being facsimile transmitted to the Patent
and Trademark Office on the date shown below:

1. Petition and Fee for Extension of Time (1 page, in duplicate)
2. RCE Transmittal (1 page, in duplicate)
3. Claims as Amended Transmittal Sheet (1 page, in duplicate)
4. Response (16 pages)

YOU SHOULD RECEIVE A TOTAL OF 23 PAGES

Dated: October 27, 2006.


Elaine L. Leva
Van Dyke, Gardner, Linn & Burkhart, LLP
P.O. Box 888695
Grand Rapids, MI 49588-8695
(616) 975-5500

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Dear Sir or Madam:

Transmitted herewith is an amendment in the above identified application.
 The fee has been calculated as shown below:

CLAIMS AS AMENDED

Col. 1			Col. 2	Col. 3	Small Entity		Other Than Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Percent Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	45	Minus	45	= 0	x \$25	\$.00	x \$50	\$.00
Independent Claims	4	Minus	4	= 0	x \$100	\$.00	x \$200	\$.00
First Presentation of Multiple Dependent Claims					\$180	\$.00	x \$360	\$.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$.00		\$.00

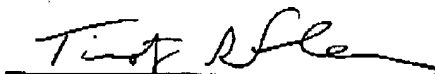
- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3
 ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
 The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. ☐ Small entity status of this application has been established.
2. ☒ No additional Fee is required.
3. ☐ A check in the amount of \$ _____ is attached.
4. ☒ Please charge any additional fees or credit overpayment to Deposit Account No. 22-0190.
A duplicate copy of this sheet is attached.

VAN DYKE, GARDNER, LINN & BURKHART, LLP

Date: October 27, 2006

By



Timothy A. Flory, Registration No. 42 540
 2851 Charlevoix Drive, S.E.
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TAF:ell

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Total Claims	45	Minus	45	= 0	x \$25	\$.00	x \$50	\$.00
Independent Claims	4	Minus	4	= 0	x \$100	\$.00	x \$200	\$.00
First Presentation of Multiple Dependent Claims					\$180	\$.00	x \$360	\$.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$.00		\$.00

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